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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 5:20

DOCUMENT # P93000048595 (1)

1. Corporation Name
WISE INSURANCE SERVICES, INC.

Principal Place of Business
831 E OAKLAND PARK BLVD
OAKLAND PARK FL 33334
US

Mailing Address
P O BOX 634444
SUITE 607
COCONUT CREEK FL 33063
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1993
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business: 21 7506 PINEWALK DRIVE SOUTH
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27
City & State: 23 MARGATE, FLORIDA
City & State: 28
Zip: 24 33063
Country: 25 USA
Zip: 29
Country: 30

4. FEI Number: 65-0423141 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
WISE, JAMES P
831 E OAKLAND PARK BLVD
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent
B1 Name: WISE, JAMES P.
B2 Street Address (P.O. Box Number is Not Acceptable): 7506 PINEWALK DRIVE SOUTH
B3
B4 City: MARGATE FL
B5 Zip Code: 33063

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: James P. Wise, Pres. — 6/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	WISE, JAMES P	1.2 NAME	WISE, JAMES P.	
STREET ADDRESS	7506 PINSNALIE DR SO	1.3 STREET ADDRESS	7506 PINEWALK DRIVE SOUTH	
CITY ST ZIP	MARGATE FL	1.4 CITY ST ZIP	MARGATE, FLORIDA 33063	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY ST ZIP		2.4 CITY ST ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY ST ZIP		3.4 CITY ST ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: James P. Wise — 6/8/95 — 305-946-6267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES P. WISE

0426101 FP